

REVIEW

Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840 by Rana A. Hogarth (Duke University Press, 2017)

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In 1851, southern physician Samuel A. Cartwright coined the term “drapetomania” to describe the mental disease causing slaves to flee. To treat drapetomania, owners were to avoid both extreme permissiveness and cruelty. Slaves, Cartwright wrote, “have only to be kept in that state, and treated like children, to prevent and cure them from running away.” In his day, Stephen Jay Gould suggests, Cartwright was a fringe figure to whom “intelligent Southerners” paid little heed. Today, however, drapetomania features prominently in the historiography of Atlantic World slavery, and Cartwright’s name is commonly invoked to illustrate how medicine conspired with politics to subjugate black people’s bodies. The case is different with cachexia africana, sometimes known as dirt eating. A large corpus of medical literature notwithstanding, scholars have comparatively little to say about this slave disease, which is not generally linked to a proslavery agenda. As Rana A. Hogarth notes in her

Carmody, T. (2018). Review of *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840* by Rana A. Hogarth (Duke University Press, 2017). *Catalyst: Feminism, Theory, Technoscience*, 4(2), 1-6. <http://www.catalystjournal.org> | ISSN: 2380-3312 © Todd Carmody, 2018 | Licensed to the Catalyst Project under a Creative Commons Attribution Non-Commercial No Derivatives license

compelling new book, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840*, the different scholarly fates of drapetomania and cachexia africana reflect the preoccupations and the limitations of recent discussions of medicine and slavery. Foundational work in this area has explored how medical ideas about blackness were yoked to the political defense of slavery. While unquestionably valuable, such a perspective overlooks the broad range of motivations – not all explicitly proslavery – that inspired the physicians who defined blackness as a physiological and at times pathological trait. The medical construction of diseases like cachexia africana thus begs the question: If not only or not always in defense of slavery, how did blackness become such a powerful medical concept?

In *Medicalizing Blackness*, Hogarth suggests that the answer to this question concerns the intellectual, social, and pecuniary ambitions of physicians. More particularly, the book argues that the medicalization of blackness was fueled by the professionalization of medical practitioners and medical institutions alike. For their part, physicians hoped to drum up business from slave owners and eliminate competition from slave healers by claiming the professional expertise with which to objectify black bodies and pathologize blackness. Hospitals, infirmaries, and medical schools, by contrast, championed the biological reality of race to secure institutional stability and advance the standing of medicine as a profession. A similar contribution was made by a range of lay actors and institutions. To be sure, these professional ambitions often went hand in hand with proslavery attitudes. But as Hogarth argues, “[t]o view the medicalization of blackness as a by-product of the growing rancor over slavery is to ignore the professional stakes physicians had in investing blackness with meaning” (p. 8). Hogarth makes the case for disaggregating the creation of medical knowledge about blackness from political defenses of slavery with a comparative analysis of medical discourse, practice, and institutional history in slave societies in South Carolina and the West Indies. This approach illuminates how local differences in professional culture informed the medicalization of

blackness, but it also allows Hogarth to trace the circulation of these ideas between the Anglophone Caribbean and the antebellum South. Indeed, *Medicalizing Blackness* shows not only how the British physicians residing in the West Indies shaped the development of antebellum southern medicine, but also how these exchanges laid the foundation for U.S. proslavery medical thought later in the nineteenth century.

The book is divided into three parts, each of which contains one chapter set in the antebellum South and another in the West Indies. The first part, "Making Difference: Race and Yellow Fever," examines how the myth of innate black immunity to yellow fever originated, why it endured, and how white physicians and their allies, faced with evidence to the contrary, contrived ever more complicated explanations for why naturally fever-resistant black constitutions might falter. Chapter one traces the claim of black immunity in US medical discourse from Dr. John Lining's widely circulated account of South Carolina's 1748 epidemic to Dr. Benjamin Rush's reckoning with Lining's legacy during the 1793 Philadelphia epidemic and a fiery defense of that city's free black population by Richard Allen and Absalom Jones. Hogarth underscores that missing from this origin story is any overt connection between black people's supposed innate immunity to yellow fever and their supposed suitability as slave laborers. Although slavery apologists would eventually adopt this line of thinking, the "claim of innate black immunity to yellow fever itself was a product of medical observation that had little to do with preserving slavery" (p. 20). Turning to the West Indies in chapter two, Hogarth explores how the idea that black people were naturally resistant to deadly tropical fevers proved too much for British military elites to resist, even when African conscripts took sick. Hogarth focuses on the efforts of William Fergusson, a seasoned inspector general of British army hospitals, during an outbreak of yellow fever in 1815. By concluding that black recruits' constitutions must have been weakened for the yellow fever to have had an effect on them, Fergusson sought to ensure that black people's bodies remained serviceable to military aims.

The second section of *Medicalizing Blackness* focuses on slave

diseases in general and on cachexia africana in particular. Hogarth explores how the latter was identified independently by physicians who worked and lived in the Caribbean and the US South, many of whom remained relatively ambivalent about slavery. In chapter three, the focus is on the tensions that arose between enslaved populations and white physicians in Jamaica as a result of both the disease's elusive etiology and the competing claims to authority made by practitioners of western medicine and indigenous Obeah healing. In chapter four, Hogarth tracks how southern physicians adapted foreign medical knowledge – about cachexia africana and related slave diseases – to suit their local needs. These transnational discourses about black people's physiological peculiarities universalized the belief in their distinctiveness, and did so in ways that gradually became a boon to the antebellum southern medical profession. In a final section titled "Disciplining Blackness: Hospitals," Hogarth turns from individual practitioners to medical institutions. Chapter five explores how the Hospital and Asylum for Deserted Negroes in Kingston, Jamaica, became an apparatus of colonial control used to police the city's black population. Hogarth first explores how white anxieties about black bodies shaped Jamaica's early public health infrastructure before addressing how subjugation and care worked in tandem beyond the plantation to secure civic and racial order. Chapter six turns to the antebellum South and to the historical transition from the private slave hospital, the site of medical exploitation but also pragmatic professionalism, to the proliferation of medical colleges in the South, which normalized the use of black bodies for teaching and training.

An accomplished work of scholarship sure to be of interest to historians of race in the Atlantic World, but also to readers in critical race studies, the health humanities, and disability studies, *Medicalizing Blackness* builds in exciting ways on foundational studies such as Todd Savitt's *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* and Sharla Fett's *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. At times, Hogarth's rich material leads her somewhat far afield from the questions of professionalization

with which she begins. As such, one may begin to wonder whether the book's focus on professionalization is perhaps somewhat limiting, or whether that framework, when stretched beyond its clearest usage, loses some of its argumentative heft. A case in point is chapter five, where Hogarth equates Kingston's Hospital and Asylum for Deserted Negroes with a range of other institutions that "legitimized white scrutiny of urban black inhabitants' movements and further equated blackness with criminality." While this is certainly a useful comparison, we do not learn how medicalization and criminalization were linked at this particular moment and milieu. If the medicalization of blackness is perhaps too easily equated with Foucauldian notions of racial discipline here, the book's thought-provoking epilogue also loses sight of professionalization at times. To be sure, Hogarth's discussion of the recent medical literature on sickle cell anemia and the persistence of the disproven "slavery hypothesis" of black Americans' hypertension powerfully illuminates the durability of race as a medical concept, to borrow a phrase from Anne Pollock's related study of the medicine BiDil and cardiovascular disease, *Medicating Race: Heart Disease and Durable Preoccupations with Difference*. But we learn less about how that elastic medical concept is used to craft professional expertise. Indeed, in her reading of how the "slavery hypothesis" was promoted by Oprah Winfrey and Dr. Oz, Hogarth might well have returned to the question with which her study begins: Do therapeutic figures in contemporary popular culture lay claim to medical authority with the same strategies used by white physicians in slave owning societies in the Greater Caribbean, namely by producing medical knowledge about black bodies?

References

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Bio

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